



General

Title

Nursing care: percentage of enteral feeding tubes requiring removal due to obstruction.

Source(s)

Quality indicators in critically ill patients. Madrid (Spain): Spanish Society of Intensive and Critical Care and Units Coronary (SEMICYUC); 2011. 185 p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Outcome

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of enteral feeding tubes (EFTs) requiring removal due to obstruction.

Rationale

The aim of intensive care medicine is to provide critical patients with the healthcare that they need, ensuring the quality and safety of care. Intensive care medicine is one of the principal components of modern healthcare systems. There is an increasing demand for this resource, which involves high costs.

The quality of care has gradually come to be the central focus of healthcare, and in recent years patient safety has come to represent one of the key aspects of quality. In the case of intensive care medicine, this interest in quality is even more evident, not only because of its social and economic impact, but also because some of the dimensions involved in the quality of care of critical patients take on greater importance: critical patients are more vulnerable, access to critical care is more limited so efforts to distribute resources equitably are more important, scant scientific evidence is available, and the

efficiency is limited.

Failure to fulfill established guidelines for the administration of drugs and alimentation via enteral feeding tube (EFT) can cause it to become obstructed, with clinical consequences ranging from the risk of bronchoaspiration to the interruption of the prescribed treatment. All of this increases morbidity and costs.

Evidence for Rationale

Bourgault AM, Halm MA. Feeding tube placement in adults: safe verification method for blindly inserted tubes. Am J Crit Care. 2009 Jan;18(1):73-6. PubMed

Magnuson BL, Clifford TM, Hoskins LA, Bernard AC. Enteral nutrition and drug administration, interactions, and complications. Nutr Clin Pract. 2005 Dec;20(6):618-24. PubMed

Marcos M, Ayuso D, GonzÃilez B, Carrión MI, Robles P, Muñoz F, de la Cal MA. [Analysis of the accidental withdrawal of tubes, probes and catheters as a part of the program of quality control]. Enferm Intensiva. 1994 Jul-Sep;5(3):115-20. PubMed

Phillips NM, Nay R. A systematic review of nursing administration of medication via enteral tubes in adults. J Clin Nurs. 2008 Sep;17(17):2257-65. PubMed

Quality indicators in critically ill patients. Madrid (Spain): Spanish Society of Intensive and Critical Care and Units Coronary (SEMICYUC); 2011. 185 p.

Williams NT. Medication administration through enteral feeding tubes. Am J Health Syst Pharm. 2008 Dec 15;65(24):2347-57. PubMed

Yardley IE, Donaldson LJ. Patient safety matters: reducing the risks of nasogastric tubes. Clin Med. 2010 Jun;10(3):228-30. PubMed

Primary Health Components

Nursing care; enteral feeding tube (EFT); obstruction

Denominator Description

Total number of enteral feeding tubes (EFTs) removed (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Number of enteral feeding tubes (EFTs) requiring removal due to obstruction (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

A systematic review of the clinical research literature (e.g., Cochrane Review)

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

Unspecified

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Hospital Inpatient

Intensive Care Units

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Unspecified

Target Population Age

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Making Care Safer Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Getting Better

IOM Domain

Effectiveness

Safety

Data Collection for the Measure

Case Finding Period

Unspecified

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Institutionalization

Therapeutic Intervention

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Total number of enteral feeding tubes (EFTs) removed

Population: All patients with EFTs during the period reviewed.

Exclusions Unspecified

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Number of enteral feeding tubes (EFTs) requiring removal due to obstruction

EFT obstruction: Loss of patency of the EFT that requires its removal.

Exclusions Unspecified

Numerator Search Strategy

Institutionalization

Data Source

Electronic health/medical record

Paper medical record

Type of Health State

Adverse Health State

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a lower score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Prescriptive Standard

Standard: 4%

Evidence for Prescriptive Standard

Quality indicators in critically ill patients. Madrid (Spain): Spanish Society of Intensive and Critical Care and Units Coronary (SEMICYUC); 2011. 185 p.

Identifying Information

Original Title

Removal of enteral feeding tube (EFT) due to obstruction.

Measure Collection Name

Quality Indicators in Critically III Patients

Measure Set Name

Nursing Care

Submitter

Spanish Society of Intensive and Critical Care and Units Coronary - Clinical Specialty Collaboration

Developer

Spanish Society of Intensive and Critical Care and Units Coronary - Clinical Specialty Collaboration

Funding Source(s)

Boehringer Laboratories

Composition of the Group that Developed the Measure

Work Group for Nursing (SEEIUC)

Rosa García Díez
Mar Sánchez Sánchez
Juan Carlos Muñoz Camargo
Mónica Vázquez Calatayud
Rosa Jam Gatell
Rosana Goñi Viguria
Emilia Romero de San Pío
Susana Arias Rivera
Alicia Robas Gómez
Juan Ángel Hernández
Susana Arias Rivera

Scientific Coordination:

Maria Cruz Martín Delgado Jesús Blanco Varela Lluís Cabré Pericas Pedro Galdos Anuncibay Federico Gordo Vidal

Financial Disclosures/Other Potential Conflicts of Interest

Unspecified

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2011 Mar

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

2016 Jul

Measure Status

This is the current release of the measure.

The measure developer reaffirmed the currency of this measure in May 2016.

Measure Availability

Source available in English	and Spanish	from the
Spanish Society of Intensive and Critical (Care and Units Coronary (SEMICYUC) We	b site.
For more information, contact SEMICYUC a	at Paseo de la Reina Cristina, 36, 4º D, 1	Madrid, Spain; Phone:
+34-91-502-12-13; Fax: +34-91-502-12-1	14; Web site: www.semicyuc.org	; E-
mail: secretaria@semicvuc.org.		

NQMC Status

This NQMC summary was completed by ECRI Institute on March 20, 2014. The information was verified by the measure developer on April 25, 2014.

The information was reaffirmed by the measure developer on May 10, 2016.

Copyright Statement

This NQMC summary is based on the original measure, which is subject to the measure developer's copyright restrictions.

The Quality Indicators in Critically III Patients update 2011 can be used by any private or public body only for the purposes of research, clinical management, teaching and education, and will not be used for any other purpose. In all cases, full credit to the Spanish Society of Intensive Care Medicine (SEMICYUC) will be granted. The commercial use of the Quality Indicators in Critically III Patients update 2011 is explicitly forbidden.

Production

Source(s)

Quality indicators in critically ill patients. Madrid (Spain): Spanish Society of Intensive and Critical Care and Units Coronary (SEMICYUC); 2011. 185 p.

Disclaimer

NQMC Disclaimer

The National Quality Measures Clearinghouseâ, ϕ (NQMC) does not develop, produce, approve, or endorse the measures represented on this site.

All measures summarized by NQMC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public and private organizations, other government agencies, health care organizations or plans, individuals, and similar entities.

Measures represented on the NQMC Web site are submitted by measure developers, and are screened solely to determine that they meet the NQMC Inclusion Criteria.

NQMC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or its reliability and/or validity of the quality measures and related materials represented on this site. Moreover, the views and opinions of developers or authors of measures represented on this site do not necessarily state or reflect those of NQMC, AHRQ, or its contractor, ECRI Institute, and inclusion or hosting of measures in NQMC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding measure content are directed to contact the measure developer.